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Complete and send this form, together with applicable fee(s), to: Mail

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20462 7590 12/01/2003

SMITHKLINE BEECHAM CORPORATION  
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Diane W. Halata	(Depositor's name)
Diane W. Halata	(Signature)
March 1, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/912,483	07/25/2001	Symon G. Erskine	PS1160	5118

TITLE OF INVENTION: COMPOUNDS AND METHODS FOR THE TREATMENT OF NEOPLASTIC DISEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$30	\$0	\$30	03/01/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
REAMER, JAMES H	1614		514-253060		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

SmithKline Beecham Corporation  
SmithKlineBeecham p.l.c.

## (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Philadelphia, PA, USA and  
Brentford, Middlesex, United KingdomPlease check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

## 4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee Advance Order - # of Copies 3

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-7570 (enclose an extra copy of this form).

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<i>Diane W. Halata</i>	3-1-04
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